

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	3					
TOTAL DEP.	116					
TOTAL CLAIMS	121					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				101		
52				102		
53				103		
54				104		
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59				109		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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# INDEX OF CLAIMS

Claim		Date						
Final	Original	4 16 02	1 3 03	9 76 07				
51	✓	✓	✓	✓				
52	✓	✓	✓	✓				
53	✓	✓	✓	✓				
54	✓	✓	✓	✓				
55	✓	✓	✓	✓				
56	✓	✓	✓	✓				
57	✓	✓	✓	✓				
58	✓	✓	✓	✓				
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## SYMBOLS

✓	Rejected
□	Allowed
-	(Through numeral) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim		Date						
Final	Original							
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